

PRACTICAL SUGGESTIONS



THE CARE OF A NERVOUS PATIENT

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HAVING lately had a little experience in nervous exhaustion, and having learned many thing during that very trying time, I thought perhaps a few lines on the subject might be of interest to the JOURNAL's numerous readers.

Were I teaching a class of undergraduates on this subject I should say: "Write a fresh headline on your chart each morning, 'This patient *needs rest*, not entertainment.'"

After eleven years' experience as a nurse I feel justified in saying there are few things as little understood by nurses and friends generally as this most trying condition. No one is to blame for that, as no two patients are alike, even though, superficially, conditions may appear somewhat similar. For instance, where I was cared for the gastric test charts of two patients looked very much alike. Both patients had worked hard in their respective occupations and both were of a hopeful disposition. The younger woman of the two, upon very little provocation, would become hysterical, crying, and expending every scrap of nervous energy which otherwise might have helped her towards recovery. She could sleep whenever opportunity occurred, but had no muscular energy. For a long time she had to be wheeled in a chair wherever it was necessary for her to go. In the other case the patient had, apparently, complete control over herself unless spoken to abruptly upon some subject which required concentration of thought. That would seem to overwhelm her, and she would ask to be excused from answering, in words more emphatic than polite. This patient could walk for an hour or an hour and a half without feeling very tired, if she could lie down for about the same length of time as soon as she returned; but in this instance sleep was hard to get, one thing after another being tried with little, if any, result. As her general condition improved, sleep returned, and never was anything more eagerly longed for.

As one noted writer expresses it: "This nervous exhaustion is not

a distinct pathological entity, but a group of symptoms due to various etiological influences and connected with various morbid states." So many things seem to give out at once, leaving the patient in anything but an enviable condition.

It would be an endless task to attempt to enumerate all the various symptoms which might present themselves, but I think, in many cases, the stages occur in this order: 1, Irritable or excitant; 2, despondent or exhaustive; 3, return of nerve energy.

If a nurse realizes that these stages have to be passed through, she will understand what torture it is for a patient to feel she must talk, to be polite, when every breath is needed to help regain that precious possession, nerve energy.

In the care of such disorders, the attending physician's orders must, of course, be carried out implicitly. If, as sometimes happens, the nurse is allowed a great deal of liberty for her own methods, I might suggest that she keep the bowels open, with a daily enema if necessary. Try to improve the circulation with a daily bath, followed by rubbing. Keep the feet warm. If one or two hot water bottles do not accomplish this, try putting the feet in water as hot as can be borne, increase the heat, keep the feet in water from five to fifteen minutes and follow by pouring cold water over them or dip them in a pan of cold water for a few seconds, then dry thoroughly. Be sure the feet are warm when the patient settles down for the night, always keeping a hot water bag within reach of the feet. Keep friends out of the room. Few people realize how hard it is to talk or be talked to when the nerves are "off duty." Do not be afraid of fresh air; that is the best tonic. Deal with the patient as kindly and gently as possible.

So many nurses lack imagination. I was asked by more than one young nurse: "What does it feel like to have nervous exhaustion and what are the symptoms?" Of course a graduate nurse would know better!

In the matter of diet, use common sense. Remember that the stomach is usually more or less impaired and it is what is digested rather than what is eaten which builds up the nerve-cells.

Keep the patient encouraged. If necessary remind her the breakdown has been a long time coming on and the rebuilding process is necessarily slow. Assure her that her mental attitude has much to do toward recovery. Let her see that her nurse is a friend who has her patient's interest at heart.

Should these suggestions in any way help some afflicted sufferer my experience will not have been in vain.